BEST AVAILABLE COPY

Constitution of the con-

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10765213

											<u> </u>	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
	TOTAL CLAIMS		52	52				RATE	FEE		RATE	FEE
\parallel	FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.0	Q OR	BASIC FEE	770.00
	TOTAL CHARGE	16 m	√ minus 20=		* 36		X\$ 9=		OR	·X\$18=	648	
INDEPENDENT CLAIMS :				6 minus 3 =		3		X43=	1	OR	X86=	828
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=	
*	If the difference in column 1 is less than zero, enter				"0" in	column 2		TOTAL		OR	TOTAL	1676
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS . REMAINING AFTER AMENDMENT	-	HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE-	_	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= •		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	- <u>-</u>		X43=		OR	X86=	
 	THIST PHESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			·+1·45=		OR	+290=	
								TOTAL ODIT. FEE		JOR ,	TOTAL ADDIT. FEE	
_		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colum		(Column 3)						****
AMENDMENT B	* *	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	TANT S	Minus	44		=		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus ⁻	***		=	-	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR						-	.145		1	1300	
								+145=		OR	+290= TOTAL	
							А	TOTAL DOIT. FEE		OR A	DOIT. FEEL	
	1	(Column 1)	·	(Columi		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	EFI ISLY	PRESENT EXTRA	-	RATE	ADDI- FONAL FEE		RATE	ADDI- TIONAL FEE
	Total	٨	Minus	4-4:		1:		X\$ 9=		OR	X\$18=	
	Independent	*	tviinus*	\$-\$-E		=	+	X43=		-	X8G=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700=	
	•							+145=		OF	+290=	
** (If the entry in column 1 is less than the entry in column 2, write "0" in column 3 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" If the "Highest Humber Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR _{AC}	TOTAL OFF FEE	
1	i we Trighest Numb The Highest Numb	nber Previously Paid ser Proviously Paid	d For" (Total or I	SPACE is to Independent	ess than Firsthe b	3, enter "3." ughest number f	ound	in the appro	priate box			